

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CM</i>		8/27
O.I.P.E. CLASSIFIER		10 8	30-00
FORMALITY REVIEW	CM	71632	10/19/00
RESPONSE FORMALITY REVIEW	CM	71632	10/13/00

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
2	✓
3	✓
4	✓
5	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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